

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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20						
21						
22						
23	1					
24	1					
25	1					
26	1					
27	1					
28	5					
29	5					
30	5					
31	5					
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48						
49						
50						

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS



TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

